

**CITY OF MENOMONIE**  
**Application to operate TAXI CABS and/or VEHICLES FOR HIRE**

Date of Application \_\_\_\_\_

License period ending June 30, 201\_\_\_\_.

**TO THE COUNCIL OF THE CITY OF MENOMONIE:**

**I certify to the following:**

Corporate Name \_\_\_\_\_

Business / Trade Name \_\_\_\_\_

Applicant=s Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Applicant=s Address \_\_\_\_\_

Applicant phone number \_\_\_\_\_ Email address \_\_\_\_\_

**List vehicles to be operated under this application:**

Year and make of vehicle	Vehicle ID number	License plate number
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

< Have you ever been licensed to operate motor vehicles for hire in the City of Menomonie or any other city?

Yes \_\_\_\_ No \_\_\_\_ Name of city where previously licensed? \_\_\_\_\_

< Have you ever been charged with or convicted of violation of any city of Menomonie ordinances or statutes of the state of Wisconsin? Yes \_\_\_\_ No \_\_\_\_

If yes, state nature of the charge and/or conviction and the place where the proceedings were taken.

\_\_\_\_\_

< Name of Insurance Company: \_\_\_\_\_

**(Certificate of Insurance must be filed with the clerk - \$1,000,000 liability insurance)**

I hereby authorize the Menomonie Police Department to furnish all information pertaining to my application for a taxi cab / vehicle for hire license to the licensing authorities of the City of Menomonie. This release is authorized with full understanding that the information will be safeguarded against unauthorized disclosure to any party not having a legitimate need for it in the property discharge of official business of the City of Menomonie.

I hereby release the City of Menomonie, its officers and employees from any liability for damages which may result to me on account of compliance with this authorization.

\_\_\_\_\_  
Signature of Applicant

**Fee \$25.00 for each vehicle + \$10.00 Investigation fee**

(Number of vehicles \_\_\_\_\_ Code # 27 - \$25.00/vehicle license fee; Code # 48 - \$10.00 Investigation fee)

Total Fee Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**For Office Use:**

(circle one)

Date Investigation Complete: \_\_\_\_ -- \_\_\_\_

Approve      Deny

Initials of Records Technician (or person who conducted investigation) \_\_\_\_\_

**O.k. for Clerk to issue license:**

Signature of Police Chief (or designated staff officer) \_\_\_\_\_

